Alaska Medicaid Coordinated Care Initiative
(AMCCI)

INITIAL HEALTH SCREENING TOOL

4/9/2014

ALASKA MEDICAID COORDINATED CARE INITIATIVE
(AMCCI)

Purpose
The purpose of the Initial Health Screening is to enable vendors to obtain a high level snapshot of each members healh care and other psycho/social needs. Using the acuity score of the member, vendors will be able to better prioritize and manage delivery of case management services. Higher acuity scores may indicate a greater need and intensity of case management services required of vendors.

Instructions
General: The Case Manager will screen the member using the Initial Health Screening tool and record the score that is most consistent with the members response.
(1) Case Managers must review and become familiar with the Initial Health Screening Tool
(2) Contact member each and arrange a time to perform the Initial Health Screening (DHCS prefers this is a face to face meeting, however other methods are acceptable as stated in RFP)
(3) Case Managers will interview the member regarding each category and select the criteria that best describes the member's current situation most appropriately and record the cooresponding score for that condition category set in column F.
(4) Case Managers will complete the Scoring Summary tab by entering all Initial Health Screening scores completed on previous tabs and calculate the total sum.
(5) DHCS will prepopulate the Initial Health Screening: Member tab with the Member Name, Member Medicaid ID #. The remaining information will be completed by the vendor's case manager during the Initial Health Screening.
(6) Vendors are required to submit to DHCS all member screening data required, only after the screening is complete.

Tab Name	Additional Instruction
A - Cover	Cover
B - Instruction	Instruction
C - Vendor	Vendor Identification *(this tab must be submitted with all Initial Screenings)*
D - Member	Member Screen
E - Social	Social Screen
F - Health	Heatlh Screen
G - Provider	Provider Utilization
H - Medication Knowledge	Medication Knowledge
I - Key & Score Summary	Key & Score Summary

Information Requested	Vendor Information
Vendor Name	
Vendor Number	
Agency Contract Number	
AK Medicaid ID *(if applicable)*	
NPI *(if applicable)*	

ALASKA MEDICAID COORDINATED CARE INITIATIVE
(AMCCI)

Initial Health Screening: Member

Member Information	
Name (first, middle initial, last)	
Street Address	
City	
State/Zip	
AMCCI Region	
Home Phone	
Cell Phone	
Date of Birth	
Age	
Medicaid ID Number	
Other insurance	
Demographic Data	
Race	
Language	
Gender	
Marital Status	
Living Arrangements	
Household Data (Enter the number of people living in your home)	
Self	
Spouse or Significant Other	
Parent(s)	
Grandparent(s)	
Number of Sibling(s) (aunts or uncles)	
Number of Children	
Number of Other People	
Primary Care Providers (Enter the name of the member's preferred providers, as member states)	
Preferred Care Provider	
Preferred Pharmacy	
Preferred Hospital	
Preferred Dentist	
Preferred Behavioral Health Provider	

Other Comments:

ALASKA MEDICAID COORDINATED CARE INITIATIVE
(AMCCI)

Initial Health Screening: Social			
Date:			
Member ID#:		Member DOB:	
Member Name:		Case Manager Name:	

Condition Category Set	Level of Acuity				Score
	0	**1**	**2**	**3**	
Housing	• Living in my own home • Home/rent payments usually paid on time • Home/rent payments are usually current	• Living with my extended family or friend's • Home/rent payments usually paid on time • Home/rent payments are usually current	• Living in my own home or with my extended family or friend's • Home / rent often paid late • Home / rent payments may now be over due	• Staying at homeless shelter; or • Staying in vechicle (homeless); or • Staying outdoors (homeless)	
Food	• Regularly obtains groceries for home • Meals are prepared regularly (or delivered regularly) at home • Eats meals regularly	• Regularly obtains groceries for home • Meals are NOT prepared regularly (or delivered regularly) at home • Misses some meals	• Groceries are not obtained regulary • Meals are NOT prepared regularly (or delivered regularly) at home • Frequently misses meals - often hungry	• Groceries are not obtained regulary • Meals are NOT prepared at home • Searches for food to eat - always hungry	
Transportation	• Owns or leases vehicle • Independently transports self	• Arranges own transportation (i.e. borrows vehicle, obtains ride from friend / family, uses taxi, or uses public transportation, etc.) • Independently transports self thru resources	• May or may not be able to arrange transportation • Is 100% dependent on others to provide transportation but DOES NOT require escort	• May or may not be able to arrange transportation • Is 100% dependent on others to provide transportation and requires escort	

ALASKA MEDICAID COORDINATED CARE INITIATIVE
(AMCCI)

Condition Category Set	Level of Acuity				Score
	0	**1**	**2**	**3**	
Support System	• Interacts socially with family &/or friends regularly	• May or may not interact socially with family &/or friends regularly	• May or may not interact socially with family &/or friends regularly	• Does NOT interact with family or friends	
	• Feels supported emotionally by family &/or friends (as needed)	• Feels supported emotionally by family &/or friends (as needed)	• Does NOT feel supported emotionally by family &/or friends	• Does NOT feel supported emotionally by family &/or friends	
	• Would or has obtained professional support (as needed)	• Would or has obtained professional support (as needed)	• Would or has obtained professional support (as needed)	• Has not, is reluctant, or will not obtain professional support (as needed)	
Language	• Communicates English fluently	• Limited ability to communicate in English (i.e. broken English)	• Limited ability to communicate or communicates fluently in English	• Does NOT communicate English fluently	
	• Understands English fluently	• Understands English fluently	• Does NOT understand English fluently	• Does NOT understand English fluently	
		• May need personal representative and/or interpreter	• Requires interpreter or personal representative	• Requires personal representative and interpreter	
				TOTAL ACUITY SCORE	0

Other Comments:

ALASKA MEDICAID COORDINATED CARE INITIATIVE
(AMCCI)

Initial Health Screening: Health			
Date:			
Member ID#:		Member DOB:	
Member Name:		Case Manager Name:	

Condition Category Set	Level of Acuity				Score
	0	**1**	**2**	**3**	
Health Awareness	• Able to list health conditions • Understands all impacts of health conditions	• Able to list health conditions • Does not understand all impacts of health conditions	• Unable to list all health conditions • Does not understand all impacts of health conditions	• Unable to list all health conditions • Inability to understand all impacts of health conditions	
Healthcare Use	• Seeks healthcare timely • Schedules healthcare appointments • Usually keeps healthcare appointments	• Does NOT seek healthcare timely • Usually schedules healthcare appointments • Usually keeps healthcare appointments	• Does NOT seek healthcare timely • Usually schedules healthcare appointments • Frequently misses healthcare appointments	• Does NOT seek healthcare timely or at all • Does NOT usually schedule healthcare appointments • Primarily uses urgent care centers or hospital emergency room care	
Self Management Awareness (i.e. BP, vital signs, blood sugar, etc. as required by healthcare provider)	• Can list daily health monitoring required • Understands importance of monitoring health condition • Performs daily monitoring of health conditions	• Can list daily health monitoring required • Limited understanding of importance of monitoring health conditions • Performs daily monitoring of health conditions	• Limited ability to list daily health monitoring required • Limited understanding of importance of monitoring health condition • Inconsistently performs daily monitoring of health conditions	• Limited to no ability to list daily health monitoring required • Little to no understanding of importance of monitoring health condition • Does not perform daily monitoring of health conditions	

ALASKA MEDICAID COORDINATED CARE INITIATIVE
(AMCCI)

Condition Category Set	Level of Acuity				Score
	0	**1**	**2**	**3**	
Medication Use	• May or may not take OTC meds • Takes up to 1 Rx med daily (excluding **pain** Rx) • Takes no **pain** Rx meds	• May or may not take OTC meds • Takes 2 Rx meds daily (excluding **pain** Rx) • Takes **pain** Rx meds < 3 days/week	• May or may not take OTC meds • Takes 3 - 5 Rx meds daily (excluding **pain** Rx) • Takes **pain** Rx meds 3 - 5 days/week	• May or may not take OTC meds • Takes >5 Rx meds daily (excluding **pain** Rx) • Takes **pain** Rx meds >6 days/week	
Medication Awareness	• Can list all medications • Aware of dosage regime • Usually compliant with medication regime	• Can list all medications • Some confusion about dosage regime • Occasionally non-compliant with medication regime	• Cannot list all medications • Very confused about dosage regime • Frequently non-compliant with medication regime	• Cannot list any medications • No awareness of dosage regime • NOT compliant with medication regime (usually does not take required medications)	
Behavioral Health Awareness	• No mental health issues identified; or • Long term stability demonstrated • 0 Inpatient psych hospital stays in last year	• Receives routine outpatient mental health care • Requires some outpatient psych crisis intervention • 0 Inpatient hospital psych stays in last year	• Receives inconsistent outpatient mental health care • Requires frequent outpatient psych crisis intervention • 1 -2 Inpatient hospital psych stays in last year	• Receives inconsistent or no outpatient mental health care • May or may not obtain outpatient psych crisis intervention or uses hospital ER for psychiatric crisis intervention • > 2 Inpatient hospital psych stays in last year	

ALASKA MEDICAID COORDINATED CARE INITIATIVE
(AMCCI)

Condition Category Set	Level of Acuity				Score
	0	1	2	3	
Substance Use	• Alcohol use < 4 days/month • No use of illicit controlled drugs • Usually meets daily life responsibilities	• Alcohol use = > 4 to 11 days/month • No use of illicit controlled drugs • Usually meets daily life responsibilities	• Alcohol use < 12 days/month or DUI history • Use of illicit controlled drugs < 12 days/month • Sometimes does not meet daily life responsibilities	• Alcohol use = > 12 days/month; AND/OR • Use of illicit controlled drugs > 12 days/month • Frequently has difficulty meeting daily life responsibilities	
				TOTAL ACUITY SCORE	0

Other Comments:

ALASKA MEDICAID COORDINATED CARE INITIATIVE
(AMCCI)

Initial Health Screening: **Provider Utilization**			
Date:			
Member ID#:		Member DOB:	
Member Name:		Case Manager Name:	

Condition Category Set	Level of Acuity				Score
	0	**1**	**2**	**3**	
Primary Care Providers	• Consistently uses 1 provider	• 2 different providers	• 3-4 different providers	• No PC provider; or • = > 5 different providers	
Pharmacies	• Consistently uses 1 pharmacy	• 2 different pharmacies	• 3 different pharmacies	• Does not use a pharmacy, though member has current unfilled prescription; or • = > 4 different pharmacies	
Hospitals	• Consistently uses 1 hospital	• 2 different hospitals	• 3 different hospitals	• = > 4 different hospitals	
Dental Providers	• Consistently uses 1 dentist	• 2 different dentists	• 3 different dentists	• Does not use a dentist though member has a current oral dx such as pain, infection, etc.); or • = > 4 different dentists	
Behavioral Health Providers	• No BH provider required (no BH dx)	• Consistently uses 1 BH provider	• 2 different BH provider	• No BH provider, though needed (current BH dx); or • = > 3 different BH provider	
				TOTAL ACUITY SCORE	0

ALASKA MEDICAID COORDINATED CARE INITIATIVE
(AMCCI)

Condition Category Set	Level of Acuity				Score
	0	1	2	3	

Other Comments:

ALASKA MEDICAID COORDINATED CARE INITIATIVE
(AMCCI)

Initial Health Screening: Medication Knowledge			
Date:			
Member ID#:		Member DOB:	
Member Name:		Case Manager Name:	

Condition Category Set	Level of Acuity				Score
	0	**1**	**2**	**3**	
Medication Knowledge: Medical Reason	• Can list their medical condition(s) or illness(s) for which medication is prescribed	• Can list most of their medical condition(s) or illness(s) for which medication is prescribed	• CANNOT list most of their medical condition(s) or illness(s) for which medication is prescribed	• CANNOT list most of their medical condition(s) or illness(s) for which medication is prescribed	
Medication Knowledge: Treatment Acceptance	• States all their prescribed medication(s) are necessary	• States MOST of their prescribed medication(s) are necessary	• States FEW of their prescribed medication(s) are necessary	• States NONE of their prescribed medication(s) are necessary	
Medication Knowledge: Medication Problems	• States NO problems with prescribed medication(s) use	• States problems with prescribed medication(s) use • Discussed problems with prescribing medical professional	• States problems with prescribed medication(s) use • DID NOT discuss problems with prescribing medical professional	• States prescribed medication(s) CAUSE their medical problems • MAY or MAY NOT have discussed their problems with prescribing medical professional	
Medication Knowledge: Efficacy	• States all their prescribed medication(s) are either very helpful or helpful	• States most of their prescribed medication(s) are either very helpful or helpful	• States is NOT SURE if prescribed medication(s) are helpful	• States prescribed medication(s) ARE NOT helpful	
Medication Knowledge: Unused Medication	• States all unused prescribed medication(s) is given to medical professional(s) for disposal	• States unused prescribed medication(s) is disposed of in home sink, toilet or trash	• States unused prescribed medication(s) remains in home in case I need it	• States unused prescribed medication(s) is given to family or friends	
				TOTAL ACUITY SCORE	**0**

Other Comments:

ALASKA MEDICAID COORDINATED CARE INITIATIVE
(AMCCI)

Initial Health Screening: Score Summary			
Date:			
Member ID#:		Member DOB:	
Member Name:		Case Manager Name:	

Condition Category	Points
Social Screening	0
Housing	0
Food	0
Transportation	0
Support System	0
Language	0
Health Screening	0
Health Awareness	0
Healthcare Use	0
Self Management	0
Medication Use	0
Medication Awareness	0
Behavioral Health Issues	0
Substance Use	0
Provider Utilization	0
Primary Care Providers	0
Pharmacies	0
Hospitals	0
Dental Providers	0
Behavioral Health Providers	0
Medication Knowledge	0
Medical Reason	0
Treatment Acceptance	0
Medication Problems	0
Efficacy	0
Unused Medication	0
TOTAL SCORE	**0**

KEY	
Acuity Level	Acuity Point Range
Low	0 - 22
Medium	23 - 44
High	= > 45